

## SELECTED COMMENTS FILED WITH WAIVER WEB SITE

Posted June 10, 2002

*This is a sampling of feedback received by e-mail and via the Medicaid & SCHIP Reform Waiver Web site. Names and addresses were removed for posting, although all comments will be part of the record maintained by MAA. Some comments were edited for brevity or to correct obvious grammar and spelling mistakes without changing the author's message. MAA responses are limited to pointing out when authors have gone beyond the effect of the waiver proposal.*

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► I have read the FAQ's & Waiver documents and I am still unable to determine the effects of the waiver change on our particular family. Our daughter Laura is 16. We have a decent family income, health insurance coverage through my husband's employer, an 18 year-old going to college in the fall. Our daughter has been on the CAP waiver for about 2 years. We use it for MPC services and diapers. We have used the medical coupons to pay our ins. co-payments and for the deductible on a new wheelchair when she outgrew hers. The medical we can handle, but it will be a huge blow if we lose our Medicaid Personal Care services. How is the new waiver going to affect us?

**MAA NOTE:** *The waiver as currently envisioned would have no effect on CAP waiver coverage, current long-term care coverage, the scope of children's benefits, or institutional coverage.*

► I have been fighting with, and struggling to survive under the current Medicaid coverage offered me by the state of Washington. This has been an ongoing affair for several years. I have numerous legislators working on my behalf, and this month was to have been the one in which the federal legislature was to decide the fate of the federal co-pay of 40 percent to cover the \$3,000 monthly medical-needs waiver, allowing Medicaid coverage for myself. I have been waiting a long time. As per Representative Prentice's office, this particular bill passed through both houses in Washington state earlier this year, and monies have already been set aside to begin coverage, awaiting the federal government's percentage...

Please accept my response as the most cordial I can offer at this point, considering what I have been through. Do not misconstrue this document as a threat, but as a testimonial of an understanding of a disastrous loophole in the system that has entrapped a great number of people who are over-income, yet destitute. Reform is needed, but not the type that denies basic health coverage to those who choose to live in the private sector, but otherwise cannot afford the same luxury granted those under-income, whom are entitled to take advantage of all assistance in place for those below the poverty level. If you review systems in place for those people, you will see they live on an awful lot more money each month, and are provided a much more broad range of services than people in my predicament. It simply is not fair. I'm not trying to get rich off the system, nor take advantage somehow. I only wish that you can see the laws you have proposed, specifically the elimination of dental and visual coverage, and how that would specifically target the only hope I have at remaining a member of the low income, semi-private-sector community.

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Please review your decisions closely, and understand the position you have placed persons such as myself in.

► I work for a company that is finding alternate funds for their clients in the state of Washington. I would like to know where on your website I could find the FPL, qualifications etc for your Medicaid program. This would be for children, adults and HIV patients.

If you could email me the site name I would really appreciate it.

**MAA NOTE:** <https://www2.wa.gov/dshs/maa/Eligibility/Index.html>

► I picked up the paper this morning and was absolutely floored. The front page article regarding Medicaid co-payments brought me to a complete halt. I have been on both ends of the DSHS. I have worked for the DSHS office in Olympia and have received TANF assistance. I am currently still getting medical for my children and myself. I am currently unable to work since I was diagnosed with Lupus and though my partner works hard to give us a home, I still cannot afford medical, but need it desperately. I have no extra money to pay co-payments. Things are very tight right now, but hopefully with treatments I will be able to go back to work soon. This still doesn't help others in similar situations....As I said I worked for the DSHS in Olympia. I saw first hand the abuse of the system. People that were getting paid very high wages and spending there time talking on the phone or playing on the internet. I am not talking about on breaks. I am talking about all day. One gentleman had worked there for nine years. When I mentioned it to the supervisor, it was shrugged off. A friend of mine still works there. Brand new computers were bought for the entire building. That is ALOT of computers, with software. There was nothing wrong with the old ones. This is just a couple of many examples of misuse of funds. I always hear people talk about the abuse of the system by the people, while this can be true, what about the other abuse. No matter what there will always be some people that will abuse any system, but the DSHS is pointing fingers and now trying to take away some people's only opportunity for healthcare. Five and ten dollars might not seem like a lot to some people, but when your low-income it can mean choosing between heat and healthcare. Please if you have any questions about this letter call me. I don't want to get my friend in trouble, but I can testify to the abuse that I witnessed, and the difficulties of low-income people. I am one and know many.

► The waiver states that when Medicaid costs exceed projections optional services will stop for new users. Listed among optional services is ICF/MR. This tells me that no new admissions will be allowed to RHCs and other ICF/MR facilities. This must not be. You cannot use Medicaid expenses as a means to slam the door on RHCs. Was this your plan?

**MAA NOTE:** *The Medicaid and SCHIP Reform Waiver would not affect ICF/MRs or other institutional or long-term care coverage.*

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► The very idea of charging the most desperate of the poor for the medical treatment they receive is abusive. There is no other word for it, at least none that can be used in polite company. When the state seeks to charge well-paid state workers, including DSHS workers more for the insurance their jobs subsidize, their union charges to the rescue. I say the state could save money by raising the cost of state employees' health insurance and raise their co-pays. For every cent the state dares to charge Medicaid recipient, \$5 should be added to the cost of the DSHS workers health insurance, and those making over the poverty level, which I think is around \$20,000 a year, should not get any at all, and should have to go out and get their own insurance.

The poor don't have union representation, so they are at the mercy of the whims of the state. The people at DSHS are the people that are there to help the poor. This explains a lot of the problems the poor have with the system.

► Here is my second e-mail, just to let you know we are starting a petition to raise state worker's insurance. It wouldn't be fair not to let you know.

► Here is an idea:

Offer state employees a chance to waive their medical coverage.

Let's say it costs \$300 a month to provide medical insurance for a state worker. If that worker can obtain coverage through a spouse or the military, offer them the option of waiving coverage through the state, then, PAY THEM FOR IT.

Give the employee \$100 a month for waiving insurance. Use \$100 of the savings to cover premiums and co-pays for other state workers, and use the final \$100 to cover Medicaid costs.

Pierce Transit pays its employees \$100 a month to waive insurance. Harrison Hospital in Bremerton pays its nurses a higher hourly wage if they waive medical coverage.

Is this solution so simple that the Legislature ignores it?

► I am an SEO in Tacoma, and my job responsibilities include enforcing medical insurance requirements in court and administrative child support orders.

Example: If a non-custodial parent's (NCP) medical insurance obligation is \$175 per month, his employer is required to add the NCP's children to his insurance policy if it can be done for \$175 or less per month.

If it would cost \$176, the NCP does not have to add his children to his policy, and the NCP contributes nothing toward his children's medical costs.

I propose the state pay the difference between an NCP's medical insurance obligation and the cost of the policy.

I have dozens of cases where the state could add the children to the NCP's insurance policy for less than \$100 per month! Instead, these children are on Medicaid and other high-cost tax supported medical programs.

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► I have a son that has rotten teeth. He was born with rotten teeth. He was born with brain damage and is now on Medicaid. We do not know if he will ever be able to work. He is also with DDD. I asked Medicaid how they could help with his teeth. They refused to answer me. I have never received assistance for my son through Medicaid that was useful other than a referral to a dentist.

My son is going to a dentist that he was referred to. However, that dentist will not follow the care the dentist I took my son to followed. When he was living at home, he saw the dentist for cleaning three times a year and we were told he needed 12-15 caps. The dentist he sees now will only clean his teeth twice a year and fill fillings. That is if the filling will hold in his deteriorating teeth. He won't cap my son's teeth. He won't discuss it unless I come up with the money.

My son is on my insurance. He was when he lived with me and is still now. A link has been found with tooth decay and bad gums to heart disease. They say that the germs that cause the bad gums causes an infection in the circulatory system. So now I get to watch my son slowly die prematurely because I can't afford \$15,000 worth of dental care.

When I called to find out about this I was distraught that no one could help. No one cared to help. Everyone was conciliatory but told me that was the way it was. I had two hang up on me. I had one argue with me that I was too demanding.

I don't want pity. I don't want people to be sorry for me or my son. I want my son to grow old and die after me. How can this happen with the type of dental and health care he is getting?...

► I just read the highlights from the proposed waiver. I know there will be an outcry from various groups, but as someone who knows about what is going on at the consumer level, the four main points of change sound very reasonable to me (e.g. I believe this really will stop some of our clients from going to ER for less than serious issues). Good luck on getting this through.

► 1. Agree w/ copays as outlined. Unlimited access to a service without out-of-pocket expense leads to indiscriminate use. Smokers should have higher co-payments.

2. Disagree w/ copay for brand-name drugs not medically necessary--client should have to pay the full retail price. Better solution: state should pass the formulary use requirement that was voted down recently for no GOOD reason. This is a big reason why I would vote down higher taxes to fund this program--MILLIONS of dollars are wasted because brand-name drugs are used when generics will do just as well. WHY IS NOBODY PURSUING THIS WASTE OF MONEY? Private insurance does not allow brand name drug use without a STEEP payment from the patient, for this very reason--insurance companies see it as a usually unnecessary expense.

3. Optional coverage is too generous. Are Adult Day Health, Hearing aids, private duty nursing, dentures, interpreter services, personal care services, chiropractors, ETC really MEDICALLY NECESSARY? The state of Oregon has got it right -- the greatest good for the greatest number -- you

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Can't give everybody everything with a limited budget. Americans will never agree to a 50 or 60% tax rate in order to cover this list of "health care" for everyone. They're nice services if you can afford it.

4. Spend money on educating targeted clientele on healthy lifestyle, self care etc.

5. The consequences of not receiving waiver approval- trying to get higher taxes, reducing payments to providers, eliminating programs--it seems eliminating some programs would be the only thing likely to happen. There is no guarantee that providers MUST provide the care that these "MANDATED CARE" packages tout.

► This is ridiculous about not requiring co-pays for Medicaid patients. I am the owner of (a pharmacy) and, believe me, every person on Medicaid should be required to pay at least a \$2 co-pay. Ms. Kvalheim may say what she says, but I spend 8 hours daily seeing what Medi-Caid patients have and believe me THEY HAVE MONEY!! I have seen bulging wallets and the cars that some of the people drive are better than mine. This is just "garbage" that they cannot pay \$2 for each Rx. Number one, requiring a \$2 co-pay, it would cut down on the NUMBER of prescriptions that each recipient gets. Some physicians are just writing and writing 6 and 7 Rx's for some people and guess what, we the taxpayer pick up this tab. Believe me I would set a limit of about 4 prescriptions per month for each recipient and if they exceed this, they would pay at least a \$5 to \$10 co-pay for any extra prescriptions. I could tell you "stories" about how I feel some recipients abuse the system. Some Medicaid customers buy large amounts of over-the-counter items to send back to their country of origin. So they do have MONEY.

► I strongly agree that Medicaid payments should be limited. Co-payments for all services should be strongly enforced. Please limit all doctor's visits and prescriptions to 4 times a year. Do not allow any free non-emergency visits. A fee of \$50 is reasonable but only allow two visits a year. If a child has a cold or an earache, or a slight temperature so be it. This is no reason to go to the emergency room. Freeze enrollments and strongly encourage people to live a healthy habits lifestyle. Don't serve those that smoke, take too many drugs illegal and legal, or drink and eat in excess or those that are obese because they are too lazy to exercise. I am 58 years old and still work & pay taxes. I go to see a doctor once every few years or less (less than 10 times in my whole life). An over the counter medication is often good enough. I should not be paying for those that won't take responsibility for their own health and expect everything for free. Don't allow any anti-depression drugs, Ritalin, antibiotics, or any prescription drugs that are not needed or are overused. A little pain is good for the soul and the expectations of people thinking that they are entitled to everything for free is far too high. We have been far too involved with survival of the sickest instead of survival of the fittest. As a child I was always told if you can't afford it you go without. I still abide by that philosophy and so should the Medicaid and Medicare programs. The overuse and abuse of these programs must stop & this includes doctors who over prescribe in order to get paid.

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► I am a registered pharmacist & I think that invoking co-pays for some Medicaid services is GREAT. I see so much abuse of the Medicaid system that I get angry, and I actually work at a store where we try to stop as much as we can. If Medicaid patients had to come up with small amounts of cash then maybe they would not be able to afford cigarettes, alcohol, tattoos, piercings, pet food & vacations which they do not seem to do without. Also there are a large number of Medicaid who **ALREADY HAVE PRESCRIPTION INSURANCE** we just bill the copay to Medicaid - sometimes only 5 or 10 dollars. If they have insurance already, Medicaid should be a luxury. The criticism arguments by "consumer" groups & "watchdog" organizations do not hold water. The state already gets big rebates from drug manufacturers, so "bulk buying" essentially is occurring now. The way to save money on drugs is to use a reasonable drug formulary like commercial insurances use. Over the past 10 years the number of drugs covered has ballooned, including many that formerly were not covered. Some of these have little therapeutic potential (carisoprodol, meprobamate, benzodiazepines) & are widely abused. Many prescriptions go unclaimed or are picked up several days late, so it is clear that many of these "desperately needed" medications were a wasted trip to a provider. Ask any emergency room physician how many patients come in just for pain medication. (An E.R. copay would be a great idea.) The Medicaid coverage is **SO GOOD HERE** that patients migrate here from other states for expensive surgeries (& then move back ) & to get better coverage. (States in particular -- Montana & Oregon)

► More ideas to help save money:

- Aggressive crackdown on providers & patients whose only medical problem is drug addiction

- \$100 copay for prenatal & natal care

- \$200 **REBATE** for abortion patients

- Limitation of medical costs where the time horizon is questionable i.e. medications that extend the lifespan (like cholesterol drugs) for somebody that is already 90 years old

- Extensive review before a me-too, expensive boutique medication is covered e.g. Clarinex, Nexium, Paxil XR, Adderall XR

- Make it easier for pharmacies to get reimbursed for pill cutters & encourage tablet splitting of expensive medications where appropriate. Paxil, Zoloft, Celexa, Zocor, Lipitor, when higher strength tablets are split, can show savings of \$30-40 per month per prescription. This type of splitting already takes place at one of the state's largest HMOs, Group Health. (Patients are given tablet splitters)

- Penalize patients who are caught diverting medications

In summary, I strongly encourage your cost-cutting efforts & hope this continues: it has been a long time coming. I firmly believe that patients should be held accountable for their decision making, & should not be increasing the social burden. Feel free to consult me further in this matter, I want to help. Thank you.

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► I am concerned about community-based services for my adult son who is a severe quadriplegic and is CAP-waivered. He currently receives a medical coupon but I have had to pay for periwash and wipes because the state quit paying for them. The cost is about \$60 a month. Also, he is probably a person who would have to pay a premium to continue receiving services. I am a parent provider so I receive small compensation for the work. I have a contracted person come in a twice a week to watch him and feed him lunch while I take a break. Also, he attends Adult Day Health. He requires 24 hour care. I really think the state has saved money in the provision of his care given I am paid \$7.68 an hour for a maximum of 96 hours a month- I forgo some of this money to pay another provider. My concern is what will happen when I am too feeble to provide the lifting, dressing, diaper changing, and feeding? I am grateful to adult day health because they provide occupational/physical therapy as well as a meal and activities in the community. Adult day health serves the most vulnerable and disabled populations. My son receives these services through the CAP waiver program. Would DDD provide payment if CAP did not?

**MAA NOTE:** *The waiver as proposed would have no effect on CAP waiver coverage.*

► As a bilingual Spanish /English family nurse practitioner I am disheartened by the news that undocumented children will no longer be eligible for DSHS benefits beginning Oct 1. At least 10 children I see each day in my Tacoma practice will be affected by this change. We all know they are the Mexican and Central America kids whose parents have very little or no political voice in our community! Allowing these families who cannot afford enough money for decent housing to now pay premiums and co-pays for health care is ludicrous. Be prepared for an overwhelming overuse of ER's for things that should be cared for in the family practice setting. How about vaccinations?? Is there a public health safety net in place for these and all the other kids coming over the boarder without documentation???

It's unfortunate that DSHS has neglected to enlist the support and vision of Nurse Practitioners who can and should be instrumental in providing care to these underserved families. You continually address the physician base in the community who increasingly decline services to Medicaid and Medicare recipients.

Have you even begun to tap the resource of NP's with a wide range of specialties from family practice, midwifery, psychiatry, geriatrics, orthopedics and neurology?? We are out there and willing to embrace the task of reaching out to these underserved populations.

Hopefully the state will begin to think outside of the box and consider some creative ways to meet the health care of all its citizens. These proposed changes only create more barriers to an increasingly complex medical system. There are alternatives.

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**MAA NOTE:** *The waiver as currently envisioned would have no effect on the legislative decision this year to make clients in the legal immigrant and undocumented children's coverage programs eligible for Basic Health.*

► You people should be ashamed of yourselves, picking on people who can't defend themselves!!!! We are not on Medicaid because we like it or think it's fun, but because we want to live and have no other resources. It's already hard enough dealing with serious illnesses we didn't cause or ask to have but now you want to make our lives even more difficult. In my case I already have to meet a spenddown to get medical help because I am unfortunate enough to get Social Security which makes me ineligible to get food stamps. I spend every penny I receive now trying to survive on the money I get every month, which doesn't include any extra money for anything, barely even for food. If you want to cut money for crucial medical services why don't you stop the expense accounts of government officials who stay at places like the Westin, etc., get rid of Internet access for the most part (that's where tons of time gets wasted and then people stay late to finish work and put in for overtime, or are too busy to help you when you need it), close the borders and start scrutinizing applicants better who ask for assistance to get rid of the people who are scamming Medicaid and DSHS, and help the people who really need it. Believe me if I could work I would, I have had nothing but problems getting help, where as I know people who don't deserve it get more than I do and I have a terminal illness. You know it's funny: If you're a good decent person who has contributed to society you get screwed constantly, but if you're a dirtbag and in and out of prison and trouble you get handed the world and it's just not right. If this bill goes through you might as well come over to my house and blow my brains out because I won't be able to get the medical care/medicine I need because I just won't have the money, and it's a death sentence if I can't get the medicine I need. Please forgive me if this letter was a bit harsh but I meant every word, this is a very serious issue that must NOT proceed!!!

► Medicaid is NOT a RIGHT. In a capitalistic society, you cannot have what you cannot pay for! Granted, children should be given extra consideration concerning their health needs. However, adults, working or not should NOT be entitled to FREE medical treatment. I'm 65 years old and for all my working life, about 45 years, I've paid medical premiums for myself and my family. I would not expect medical treatment if I had no way of paying for it or had no insurance. Certainly a co-pay OR low premium of some kind should be paid by ANYONE who expects to receive medical treatment. These people would not work for nothing. Neither would they offer to pay for medical treatment for strangers. I am no different. I pay for what I get. What I can't pay for; I have never been able to have. Stop giving away free medical treatment. Soon there may be no doctors for those of us who take responsibilities seriously and pay our own way.

► I encourage lawmakers NOT to charge co-pays or yearly premiums. Charging \$10 for a child to go to the emergency room is ridiculous. This is just another example of taking advantage of the weakest people and not making our children and our future a priority. Many people in lower incomes may not have the judgment or skills to work the system or always decide what is an emergency and it is difficult to tell with children who cannot explain. Health care is very basic, and if we can afford as a society to have sport



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stadiums etc., we should be able to provide health care. Maybe we should take the 1% for arts and put that into something we need. Art is nice but it isn't a necessity like food and health care.

► My three children are currently covered by Medicaid/Healthy Options. I feel terribly concerned about the proposed change to Medicaid that would require families to pay premiums for their child or children's medical care. I have heard or read quotes in the newspaper that the premiums would not be more than "5% of a family's income." Do you know how devastating a 5% premium would be for a low-income family? I can tell you that 5% of my family's income would greatly impair our ability to pay for food and other necessities. I think that a premium of \$10 per month per child would be reasonable (similar to what has been done with the CHIP program.)

I realize that something must be done to save the Medicaid program, but please don't charge unreasonable and unfair premiums that will force families to choose between food and health care for their children. While to you 5% seems like a low amount, I assure you that for those who depend on Medicaid, it will be devastating. Even those families who are at the upper end of the Medicaid eligibility scale are struggling in this day-and-age to feed, clothe and care for their children. 5% is not an option for most of them.

► I strongly support the use of co-pays and premiums as outlined in the proposed State Plan.

The co-payments should reduce the amount of 9-1-1 abuse which I have witnessed as a firefighter.

I also believe the premiums will allow more benefits to more deserving citizens.

► We have reviewed your waiver request and support the effort you're making to control costs. However, we don't think you've gone far enough. We currently pay for our own health insurance. The premium alone represents over 20% of our gross income. When you combine the deductibles, co-payments and dental costs, our total health care expenditures exceed 30% of our income.

We believe asking people to accept the responsibility for their own health care is good and teaches people how to control excess usage of doctors and facilities. With that concept in mind we would suggest the following: Increase the cost of name brand prescription drugs to the actual cost unless there is no generic available. Taxpayers should not be subsidizing low cost, non-generic drugs. Secondly, we don't understand why non-emergency visits to any emergency room should be covered at all. The full cost should be born by the person using the facility if it's not an emergency situation. Asking someone to pay \$10 is not a reasonable deterrent. Finally, the cost of health coverage should be higher than 5% of the family's income. Surely good health has got to be worth more than 5% of someone's income. Asking someone to be a participant in their own health care teaches responsibility and also gives the individual a better understanding for the value and cost involved.

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The state is in deficit and everyone must bear the cost, including those utilizing subsidized health care. Thank you for your time.

► Please do not burden, once again, the poor people in our state.

If you truly need more money for services, cut programs! Entire programs! Starting in the Governor's office. His staff should be cut by 50%, followed by a stringent review of every program at the University of Washington being funded by state dollars....they have the largest FTE numbers of ANY agency in the state. Cut the UW president's salary by 30%, and his staff by 50%.

If all else fails, solicit the funds from the top 10% income earners in the state....the percentage of their income they would have to fork over to cover the \$5 co-pays would be much less than the percentage of income coming from the pockets of the poor. Perhaps they would use their powerful dollars then to find alternative funding sources....

There is no need for these extra fees...we just need a bit more compassion from the rest of us.

Solicit the funds from state workers as part of the Combined Fund Drive. Ask the workers in each division to donate their pay voluntarily. Seek creative solutions. Have a danged bake sale. Stop being too damned proud to beg. Shame us into helping. All the other charities do.

► I am a retiree from state government and am required to pay \$600 per month plus a \$10 co-pay when I see a medical provider. You have to ask your self, who is really on Medicaid, and the answer is the alcoholics, drug users, gangbangers, convicts' wives, and those who are too lazy to work. Why should they get free medical and dental services when the rest of us must pay for it? The Bible says if you don't work, then you should not be given food to eat. The same should apply to medical/dental care. It is not fair that Medicaid cases get the same level of care as I do for no charge. Should you extend their benefit to me, I would save \$7,000 per annum, which would raise my meager standard of living. I live in Walla Walla, could we not have a public forum here? Thank you for reading my words.

It is my vote for them to be charged a co-pay of at least \$10 and require everyone treated to be U.S. citizens.

► There is one matter I want you to consider first, and my other comments are at the bottom. As a Registered Nurse at a Washington State nursing home, I can testify to you that a lot of valuable narcotics are systematically destroyed after a patient dies, is discharged, or the orders are discontinued by the physician. I have long believed that a state-run pharmacy for RETURNS could be properly controlled and would allow a TREMENDOUS COST SAVING (while continuing) to protect nursing home residents at all costs. Any decrease to Medicaid reimbursement for long-term care would cause patient care and caregiver employment to suffer in devastating ways. No family would be unaffected. Put a lot of effort into Washington Basic Health. My family benefited tremendously for years when we were eligible, before I got my nursing degree. I am very frightened about "caps." I prefer to reanalyze each case for worthiness at least quarterly.

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Co-pays are reasonable and effective. Even \$3 makes a person invest in his or her own health care. Build in safeguards with waivers. I have noticed that many poor Medicaid recipients continue to find money for cigarettes. We can fund that which we truly value.